


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004 08:00 AM
Secretary of State

| | |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # N93000002079 |  |
| 1. Entity Name CHILDREN FIRST - CENTRAL FLORIDA, INC. | |

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|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| Principal Place of Business 1101 N. LAKE DESTINY RD. SUITE 225 MAITLAND, FL 32751 | Mailing Address 1101 N. LAKE DESTINY RD. SUITE 225 MAITLAND, FL 32751 |
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02232004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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|-----------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number 59-3169821 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 8. Name and Address of Current Registered Agent NOGA, GEORGE 1101 N. LAKE DESTINY ROAD SUITE 225 MAITLAND, FL 32751 |
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**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE 2/24/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be
Added to Fees

000000067679
02/27/04-80009-017 61.25

| 10. OFFICERS AND DIRECTORS | |
|------------------------------------------------|-----------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C NOGA, GEORGE 1101 N LAKE DESTINY RD., STE 225 MAITLAND, FL 32751 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MOORE, CHRISTINE 2145 PALM CREST RD APOPKA, FL 32712 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LAHEY, JOHN 150 N WESTMONTE DR ALTAMONTE SPRINGS, FL 32714 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LONG, DEON 400 PARK AVE SOUTH STE 150 WINTER PARK, FL 32789 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C MITCHELL, JOHN ESQ 2699 LEE RD STE 405 WINTER PARK, FL 32789 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MAKOUL, CAROL C 215 E LAKE BRANTLEY DRIVE LONGWOOD, FL 32779 |

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes; I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/04 407-815-0518
Date Daytime Phone #